



03500.014356.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SK
#7A
1/5/03

In re Application of:)
: Examiner: J. Campbell
NORIKO OTANI ET AL.)
: Group Art Unit: 2178
Appln. No.: 09/533,255)
:
Filed: March 23, 2000)
:
For: APPARATUS AND METHOD)
FOR DIVIDING DOCUMENT :
INCLUDING TABLE) December 15, 2003

RECEIVED

DEC 22 2003

Technology Center 2600

Mail Stop Non-Fee Amendment
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated September 15, 2003, please amend
the above-referenced application as follows. The claims changes are reflected in the listing
beginning at page 2, and the Remarks begin at page 16.

I hereby certify that this correspondence is being deposited with the United
States Postal Service as first-class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

December 15, 2003
(Date of Deposit)

LEONARD P. DIANA (Reg. No. 29,296)
(Name of Attorney for Applicants)

LEONARD P. DIANA
Signature

December 15, 2003
Date of Signature



In re Application of:

Docket No. 03500.014356.

NORIKO OTANI ET AL.

Application No.: 09/533,255

Examiner: J. Campbell

Filed: March 23, 2000

Group Art Unit: 2178

For: APPARATUS AND METHOD FOR DIVIDING
DOCUMENT INCLUDING TABLE

Date: December 15, 2003

Mail Stop Non-Fee Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 45	MINUS	** 45	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. _____

6,296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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